## Entry Bla KRISTEN MEISSWEN Ms./Artist ☐ Mr./Artist (last name last) Permanent HATHAWAY AVE LAICEWOOD Address Street Daytime Tel. (216) 252-7300 x. 4553 4410 area HONE. (216) 228.8855 Temporary or Studio Address Street City Daytime Tel. ( Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense:

## Special Instructions

City

Street

State

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

Zip

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

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